

Case Number:	CM14-0205176		
Date Assigned:	12/17/2014	Date of Injury:	04/20/1999
Decision Date:	02/05/2015	UR Denial Date:	11/21/2014
Priority:	Standard	Application Received:	12/08/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Internal Medicine and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker (IW) is a 60-year-old man with a date of injury of April 20, 1999. The mechanism of injury was not documented in the medical record. The injured worker's working diagnoses are status post decompression at L4-S1 and discectomy at L5-S1 to the left; rotator cuff tendon tear left shoulder; disc desecration at L3-S1 with disc bulges and foraminal stenosis; and facet arthropathy at L3-S1. Pursuant to the Primary Treating Physician's Progress Report (PR-2) dated November 13, 2014, the IW complains of increased low back pain. He reports more difficulty with his daily activities. He reports good relief and pain reduction with radio frequency ablation in the past. Prior ablation provided over 70% reduction in low back pain, which lasted over 1 year. Examination of the lumbar spine reveals difficulty walking. The IW has difficulty changing positions. There is tenderness in the lumbar paraspinal regions. Range of motion is restricted and causes painful symptoms. Gait is antalgic. He has increased pain with extension. Increased pain is noted with palpation of facet region at L3-S1 bilaterally. The IW takes Tramadol 50mg for pain. The current request is for repeat radio frequency ablation at L3, L4, L5 and S1 bilaterally X 1.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Radiofrequency Ablation L3, L4, L5, S1 bilaterally x 1: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 300-301. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) TWC 2013, Low Back, Lumbar and Thoracic

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Low Back Section, Radiofrequency Ablation.

Decision rationale: Pursuant to the Official Disability Guidelines, radiofrequency ablation L3, L4, L5, and S1 bilaterally times one is not medically necessary. The criteria for radiofrequency ablation are enumerated in the Official Disability Guidelines. They include, but are not limited to, no more than two joint levels are to be performed at one time; repeat neurotomies may be required and should not occur at an interval of less than six months from the first procedure, etc. See the Official Disability Guidelines for details. In this case, the injured worker's working diagnoses are status post decompression L4 - S1 and discectomy L5 - S1 on the left; rotator cuff tendon tear left shoulder; disk desiccation L3 - S1 with disc bulges and foraminal stenosis; and facet arthropathy. Injured worker had a prior radiofrequency ablation L3 - S1 bilaterally with a positive response and over 70% reduction in low back pain that lasted nearly one year. The injured worker was also able to reduce his narcotic pain medications (Norco) to two pills per day. Norco was discontinued and changed to tramadol 50 mg one tablet twice a day to three times a day as needed for severe pain. The injured worker has complaints of increased low back pain. A repeat radiofrequency ablation is indicated based on the positive response (prior procedure). However, radiofrequency ablation is limited to no more than two joint levels at one time. The request is for radiofrequency ablation to three levels. Consequently, radiofrequency ablation L3, L4, L5, and S1 bilaterally is not medically necessary.